



**PRE-AUTHORIZED DEBIT (PAD)
AGREEMENT ENROLMENT
FORM**

Mailing Address: PO Box 9331
Stn Prov Govt, B.C. V8W 9N3
Phone: (250) 419-4400
Fax: (250) 419-4403
Email: finance@bcogc.ca

Date Received

FOR INSTRUCTIONS REFER TO THE APPLICATION MANAGEMENT SYSTEM TRAINING QUICK REFERENCE GUIDE 1.
THIS IS AN AUDITABLE DOCUMENT

All completed forms must be submitted to the BC Oil & Gas Commission via email to: finance@bcogc.ca or by mail to the Victoria office at: PO Box 9331 Stn Prov Govt, Victoria, B.C. V8W 9N3, and Attention: Finance Department.

APPLICANT INFORMATION

A

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Contact Telephone Number: _____

Contact Email: _____

General Accounts Payable Email: _____

APPLICANT BANK ACCOUNT INFORMATION

B

Bank Name: _____

Bank Address: _____

City: _____ Province: _____ Postal Code: _____

Bank Account Number:

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Transit Number:

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Institution Number:

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Company Executive Authorization designating ePay Financial Admin Attached: Yes

Void Cheque Attached: Yes (matching account information above)

PRE-AUTHORIZED DEBIT (PAD) DETAILS

C

*Your PAD agreement may be cancelled provided notice is received **15 days** before the next scheduled PAD.*

_____ (company name), authorizes the BC Oil & Gas Commission to debit the bank account identified above as applicable based on invoices as agreed upon through the E-PAY system (the PAD agreement). These PAD services are for business use.

Selecting this box and signing this agreement it confirms that you are the **ePay Financial Admin** of this bank account and all information on this form is correct.

I _____ hereby attest that the information contained herein is true and correct:
(Print Name of **ePay Financial Admin**)

AUTHORIZED SIGNATORY OF ACCOUNT

DATE (YYYY/MM/DD)

Selecting this box signing this agreement it confirms that you are the **Joint ePay Financial Admin** (if applicable) of this bank account and all information on this form is correct.

I _____ hereby attest that the information contained herein is true and correct:
(Print Name of **ePay Joint Financial Admin**)

AUTHORIZED SIGNATORY OF ACCOUNT

DATE (YYYY/MM/DD)

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnipay.ca.